

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyist(s): | Paul A. Worsowicz; Ari B. Pollack; Lisa K. Shapiro, Ph.D. | | |
|---|---|---|--|
| II. Name of Lobbyist's pa | artnership, firm or corporation, if any: | | |
| | GALLAGHER, CALLAHAN 214 North Main Street, Co | | |
| 603-228-118 | 1 603-226-347 | 7 worsowicz@gcglaw.com | |
| (Telephone) | (Fax) | (Email) | |
| | s: (Choose one – file separate reports fo ctions which are not attributable to any | r each client, OR you may file a separate report for one client.) | |
| X All reportable transa | actions occurring in the month prior to the | reporting date relative to the following client. | |
| | PILLSBURY REALTY I | DEVELOPMENT | |
| (| Full Name of Client as it appears on the L | obbyist Registration Form) | |
| All reportable transcurrelated to any par | | yist's family), or the lobbying firm listed below which are | |
| IV. Date of Report: | April 26, 2017 | July 26, 2017 □ | |
| <u>-</u> | y from date of registration to 3/31/17 | activity from 4/1/17 to 6/30/17 | |
| | October 25, 2017 | January 24, 2018 □ | |
| acti | vity from 7/1/17 to 9/30/17 | activity from 10/1/17 to 12/31/17 | |
| | es received and no reportable transaction blete just this form and submit it to the Sec | ns made since the last report. retary of State's Office, State House, Room 204, | |
| VI. Check if additional roll X If you have received | eports are attached: I fees or made expenditures, you must file | Addendum A – Fees and Expenses | |
| If you have paid an Expense Reimburse | ment | must file Addendum B – Report of Honorariums or | |
| If you, your firm, or | your family has made political contributi | ons, you must file Addendum C – Political Contribution | |
| Sworn Statement/Affirma I have read RSA 15, RSA 1 to the best of my knowledge | 5-B and RSA 664 and hereby swear or aff | firm that the foregoing information is true and complete | |
| Laul al | orswy | 4-20-17 | |
| (Signature of Lobbyist) | 0 | (Date) | |
| Paul A. Worsowicz | | חבסבוו/בח | |
| (Print Name of Johnvist) | | RECEIVED | |

APR 2 6 2017

NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

| II. Name of lobbyist's p | , , , , , , , , , , , , , , , , , , , | | | |
|--|--|---|--|--|
| | GALLAGHER, CALLAHAN & GARTR | ELL, P.C. | | |
| | (Name of partnership, firm or corpora | tion) | | |
| III. Name of Client | PILLSBURY REALTY DEVELOPMENT | Date | April 26, 2 | 017 |
| lobbying, including fees for | of all fees received from the client identified above or services such as public advocacy, government repring legislation, and related legal work. The gross | lations, or | public relation | ns services, |
| a) Total of all fees receive | ed in this reporting period | | a) \$ | 6,750.00 |
| | ed this calendar year, prior to this reporting period. total prior monthly reports for this calendar year.) | | b) \$ | 0.00 |
| c) Total of all fees receive (Add lines a and b) | ed to date. | | c) \$ | 6,750.00 |
| d) Indicate the amount of yet been paid. | any such fees that are due, but have not | | d) \$ | 4,562.50 |
| fees. Separate reports are used lobbyist(s)/firm that are used are to be reported in one reporting period for salar expenses where the expenses where the expenses where the cost was \$25.00 or less purchase of a ceremonial statement of each individual covered by (a) (for examp given to the subject of legislative reception). Ex | therships, firms, or corporations are required to a to be filed for expenditures made relative to each of included to any one client a separate report may be of three categories of expenses: (a) the aggregates, benefits, support staff, and office expenses; additure was of \$25.00 or less (for example: meals as, purchase of a pen with a value of less than \$10 object given to a person being lobbied with a valual expenditure made during this reporting period of the purchase of a meal with value of greater than \$25, but not greater than | client and it is filed for the fate total of (b) the agree purchased that is given of \$25.00 of greater that is given attention in the fate of the fat | f expenditure the lobbyist(s f all expense: gregate total during a busien to the person or less); and \$25.00 for se of a cerem \$50, restaurant | s are made by the offirm. Expense is paid during the offil individual ness lunch where on being lobbies of (c) an itemized rany purpose not ontal object to but expenses for |
| support staff, and office ex | ses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying. | a) \$ b) \$ | | 3,875.00 |
| b) Total aggregate of expin a), of \$25 or less. | enditures during this reporting period, not reported | c) \$ | | 0.00 |
| c) Total of all itemized ex | spenditures reported in detail in section VI. | -, ψ | | 150.00 |

Client: PILLSBURY REALTY DEVELOPMENT d) Total expenses for this reporting period. (Add lines a, b and c.) d) \$ 4,025.00 e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.) 0.00 4,025.00 f) Total of all expenses year to date. f) \$ VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged. Paid to: Amount State of NH Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Date) (Signature of lobbyist)

Lobbyist Fees & Expenses, Addendum A - Page 2

Paul A. Worsowicz (Print Name of Lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Statement of Income and Expenses for: | | | | | | |
|--|---|---|---|--|--|--|
| Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C. | | | | | | |
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Pillsbury Realty Development | | | | | | |
| | | | | | | |
| Date of Report (chec | k one): | | | | | |
| April 26, 2017 | July 26, 2017 🗆 | October 25, 2017 🗆 | January 24, 2018 □ | | | |
| | | Statement of Income and Exement (insert the number of | spenses described above, and the Addendum forms being | | | |
| 1 Addendum A(s) |). | | | | | |
| 0 Addendum B(s) |). | | | | | |
| 0 Addendum C(s) |). | | | | | |
| - | irm that the foregoing infor of my knowledge and belie | | nd each Addendum is true and | | | |
| (Signature of Lobby | ist) | | 4 20 (7 (Date) | | | |
| Ari B. Pollack (Print Name of lobb | vist) | | | | | |
| (= | J/ | | | | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Statement of Income and Expenses for: | | | | | | |
|---|--|--|--|--|--|--|
| Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C. | | | | | | |
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Pillsbury Realty Development | | | | | | |
| | | | | | | |
| Date of Report (check one): | | | | | | |
| April 26, 2017 ☑ July 26, 2017 □ October 25, 2017 □ January 24, 2018 □ | | | | | | |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): | | | | | | |
| 1 Addendum A(s). | | | | | | |
| _0_ Addendum B(s). | | | | | | |
| 0 Addendum C(s). | | | | | | |
| I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. | | | | | | |
| $ \begin{array}{c} \mathcal{X} \mathcal{X} \mathcal{S}_{\text{M}} \\ \text{(Signature of Lobbyist)} \end{array} $ (Date) | | | | | | |
| Lisa K. Shapiro, Ph.D. (Print Name of lobbyist) | | | | | | |